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**CONTINUITY OF OPERATIONS (COOP) PLAN**

**for**

**Behavioral Residential Facilities in the Community**

**(Insert Name of Organization)**

**COOP Template Prepared by**

**DISTRICT OF COLUMBIA   
DEPARTMENT OF BEHAVIORAL HEALTH (DBH)   
DISASTER BEHAVIORAL HEALTH SERVICES**

December 2013

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**APPROVALS**

This Continuity of Operations (COOP) plan was prepared by [insert name of agency] to develop, implement and maintain a viable COOP capability. This COOP plan complies with applicable internal agency policies, District of Columbia, and supports recommendations provided in the Federal Emergency Management Agency’s Federal Preparedness Circular 65. This COOP plan has been distributed internally within the [insert name of agency] and with external agencies that may be affected by its implementation.

The [insert name of agency] has operations that must be performed, or rapidly and efficiently resumed, in an emergency. While the impact of an emergency cannot be predicted, planning for operations under such conditions can mitigate the impact of the emergency on our people, our facilities and our mission. To that end, the [insert name of agency] has prepared a Continuity of Operations (COOP) plan.

This COOP plan establishes policy and guidance to ensure the execution of the critical functions for the [insert name of agency] in the event that an emergency at the agency or in its service area threatens or incapacitates operations, and/or requires the relocation of selected personnel and functions.

Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_

[Title]

Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_

[Title]

Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_

[Title]

Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_

[Title]

**Points of Contact**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Title | Phone | Email/Website |
| Jane Doe (Main POINT OF CONTACT FOR Any questions or issues related to emergency operations) | Owner, Director, House Manager, and /or Disaster/Emergency Coordinator | (o)202/555-5555  (c)202/XXX-XXXX (24 hour contact number) | janedoe@DCMHS.org |
| John Doe (At Least one Alternate SINGLE POINT OF CONTACT) | 1st Alternate POC  Deputy Director of Communications (and alternate Disaster Coordinator) | (o)202/555-5555  (c)202-XXX-XXXX (24 hour contact number) | johndoe@DCMHS.org |
|  | 2nd Alternate POC |  |  |
|  | 3rd Alternate POC |  |  |

**Record of Changes to this COOP Plan**

|  |  |  |
| --- | --- | --- |
| Previous Date | Date of Change | Change Made By (name, title): |
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**Overview of Agency**

Example: Center for Behavioral Health and Residential Care is a nonprofit organization created to provide a mental health community residential facility for consumers of the District of Columbia Department of Behavioral Health. The facility provides residential behavioral health services in the District of Columbia and serves XX consumers from all Wards of DC with a majority of current residents coming from Wards six (6).

This agency was originally created in 1991 to provide community based behavioral health services to the general public. Since 2010 this agency has been a provider of community residential behavioral health services through the DC Department of Behavioral Health. This agency is responsible for ensuring quality services, including business continuity and disaster planning, through contractual arrangements with the District of Columbia. The Center is located at XXXX 24th Street NE Washington, DC. We have satellite community locations at (list any).

**Purpose:**

A behavioral health community residence facility (BHCRF) is a publicly or privately owned residence that houses individuals, eighteen (18) or older, with a principal diagnosis of mental illness and who require twenty-four hour (24 hr.) on site supervision, personal assistance, lodging, and meals and who are not in the custody of the District of Columbia Department of Corrections. All BHCRF are required to meet the requirements of TITLE 22, PUBLIC HEALTH AND MEDICINE, CHAPTER 38, COMMUNITY RESIDENCE FACILITIES FOR MENTALLY ILL PERSONS, and CDCR 22-3800 (2007) in order to be licensed.

The purpose of this Continuity of Operations Plan (COOP) is to provide a framework for assessing emergency preparedness, develop guidelines for response to emergencies and natural disasters, and ensure timely provision of services in the event normal operations are compromised. This agency’s disaster and emergency response is ready to be potentially coordinated with DC and federal governmental authorities/agencies as well as external community providers. This agency has designated a disaster coordinator that will:

* Monitor internal and external factors that affect services, facilities, employees, and resident’s safety;
* Provides leadership on behalf of the organization in community emergency and disaster events;
* Identifies risk management strategies to prepare for and adapt to disruptive events;
* Coordinates disaster management activities and partnerships for the agency.

This agency annually reviews and updates this Continuity of Operations and Emergency Preparedness Plan.

**Continuity of Operations: Overview**

The essential functions and personnel required for the maintenance of daily operations under normal, non-emergency conditions (as sited above in TITLE 22, PUBLIC HEALTH AND MEDICINE, CHAPTER 38, COMMUNITY RESIDENCE FACILITIES FOR MENTALLY ILL PERSONS, CDCR 22-3800), remain the requirements for operations under emergency and disaster conditions. Preparations must be made in advance of emergencies to ensure that during and immediately after an emergency/disaster occurs that this agency maintains operational stability on behalf of its clients. Several objectives must be addressed in continuity of operations planning, including:

* Ensure the safety of residents, employees, partners and volunteers;
* Ensure the continuous performance of an agency’s essential functions during an emergency;
* Minimize damage and losses;
* Identify relocation sites and ensure operational and managerial requirements are met to the greatest extent possible before an emergency occurs;
* Reduce disruptions to operations and services;
* Protect essential equipment, supplies, client and staff records and other assets;
* Achieve an orderly recovery from emergency operations and response.

The following elements should be included, as appropriate, for planning for the continuity of operations:

* Sheltering In Place;
* Communications;
* Staff Rotations and Shortages;
* Evacuation of Clients and Staff from Facilities (\*Including Fire Evacuation Plan);
* Identification of Alternate Site(s) for Services and Organizational Management;
* Transportation to Alternate Site(s);
* Identification and Prioritization of Vital Functions (from most critical to least);
* Identification of Mutual Aid Agreements and Community Partnerships;
* Establishing Contingencies, Polices and Legal Liabilities;
* Replacement/Repair of Damaged/Destroyed Essential Equipment;
* Assessing, Testing and Evaluating COOP Plans

**Sheltering In Place**

This section describes how several aspects of operations will be addressed during a crisis. This includes methods for communication with and between staff and clients and their families, methods for dealing with infrastructure challenges such as utilities, and other disaster preparations. While a plan should inform staff of at least three places where clients and staff are most likely to go in case of evacuation and a breakdown in communications infrastructure (e.g. phone, email, pagers), for many disasters and emergencies, organizations will be instructed to shelter in place if it is safer to stay indoors than to move to another location. This is called sheltering-in-place and will occur if remaining at the facility is the best choice for staff and client safety. Sheltering-in-place can mean going to a small, interior room, with no or few windows but can also simply refer to remaining at the facility and continuing with operations as normally as possible.

**What will you do if your facility loses utilities during a disaster?**

|  |  |  |
| --- | --- | --- |
| Type of Utility | Emergency Contact | Policy/Procedure for Response |
| Power |  |  |
| Water/Sewer |  |  |
| Telephone |  |  |
| Gas |  |  |

**What supplies must be included in your Disaster Kit? Your disaster kit should include supplies that you can't afford to be without if a disaster disrupts your normal supply lines.**

|  |  |  |
| --- | --- | --- |
| Type | Location | Person Responsible (who has it, who maintains it?) |
| Food / Water |  |  |
| Basic Disaster Kit (flashlights, first aid, organization contacts, etc.) |  |  |
| Critical supplies for residents – including those with access and functional needs (medications, equipment, etc.) |  |  |
| Critical records, including lists of emergency contacts for your residents and staff, information on partners, etc. |  |  |

**Communications**

The following questions should be addressed:

1. How do you plan communicate with staff (on duty and off-duty) if telephone service is disrupted?

2. How do you plan for on-duty staff to communicate with their families if telephone service is disrupted?

3. How do you plan to communicate with your residents (and their families) if telephone service is disrupted?

4. How do you plan to communicate with public safety officials if telephone service is disrupted

5. How do you plan to communicate with the Department of Mental Health if telephone service is disrupted?

**This is how we plan to communicate with the families of our residents if we have to evacuate our facility or shelter-in-place:**

(Write your plan)

**This is who we will communicate with if we have problems en route while we are evacuating (include DC Dept. of Mental Health contacts)**:

|  |  |  |  |
| --- | --- | --- | --- |
| **Contact Name/Title** | **Agency** | **Phone/Pager** | **email** |
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In an emergency, we will keep the following individuals informed of our whereabouts (This is someone who is in a different geographic area or state to reduce the chances that they will also be affected by the disaster):

|  |  |  |  |
| --- | --- | --- | --- |
| **Contact Name/Title** | **Relationship to Agency** | **Phone/Pager** | **email** |
|  |  |  |  |
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**Staff Rotations and Shortages**

The following questions should be addressed:

1. What will you do if your staff can't get to work (snow, traffic, no public transit, etc.)?

2. What will you do if a portion of your staff isn’t able to show up for work (e.g. pandemic, illness, caring for family, etc.)?

3. If you are understaffed, what resources can you tap to bridge the gap – especially during long rotations?

**Community Partners (public and private)**

A Memorandum of Understanding (MOU) is a document that you sign with another organization to agree to help each other when disasters occur. Since another facility can help you only if they are not also affected by the disaster, you should have MOUs with organizations outside of your community for disasters that affect the whole community (this should include organizations outside of the District). MOUs with organizations in your community are good for disasters that only affect one facility, such as a fire in your building. If you don't have any MOUs now, you should develop such arrangements.

Write below the MOUs you have with other organizations which might be able to provide appropriately licensed and credentialed staff to supplement shortages you might experience:

|  |  |  |  |
| --- | --- | --- | --- |
| **Community Partner** | **Contact Name/Title** | **Phone/Pager** | **Staff Responsibilities** |
|  |  |  |  |
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**Volunteers:** [Where will your volunteers come from (if any) and what they will do in a disaster?]

|  |  |  |  |
| --- | --- | --- | --- |
| **Community Partner** | **Contact Name/Title** | **Phone/Pager** | **Volunteer Responsibilities** |
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**Evacuation of Consumers and Staff from Facilities**

**Fire Evacuation Plan**

The evacuation of agency building(s) ensures the safety of all staff, clients and visitors. Evacuation routes are posted throughout each building. All exits are clearly marked.

The following personnel have the authority to evacuate the building by order of importance:

1. On-Site Director / Executive Director
2. Disaster Coordinator/Director
3. Management Team Members

The evacuation plan includes:

* When the alarm is sounded, employees are to exit the building immediately following the safest and nearest evacuation route from where they are located at the time;
* Department Directors are to assist and monitor the evacuation of employees in their department;
* When exiting the building, employees are to go to (DESCRIBE).

Department Directors shall:

* Account for each of their staff members to determine if they have safely evacuated the building.
* Provide the Disaster Coordinator with a status of their staff members. For example:
* “All accounted for” or:
* “All accounted for with the exception of…. (Name(s) of those not accounted for)”.

The Communications or Call Center Director or designee will forward the incoming line to the designated number as they currently do for after hour calls.

Trained staff members are to render first aid as necessary.

The Disaster Coordinator will:

* Notify and keep the On-site Director informed.
* Consult with the On-scene Emergency Response Personnel if necessary to determine if the building is safe for staff members to return.
* Ensure that no one is to re-enter the building until on-scene Emergency Response personnel give the all-clear.

**Evacuation Involving Relocation of Staff and Consumers to Another Site**

This is how we plan to communicate with the families of our staff if we have to evacuate our facility or shelter-in-place:

This is who we will communicate with (and how) if we have problems en route while we are evacuating:

|  |  |  |  |
| --- | --- | --- | --- |
| **Contact Name/Title** | **Agency** | **Phone/Pager** | **email** |
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These are (at least) three sites we’ve identified where we will likely go if we have to evacuate (and cannot communicate with staff our intentions during/after evacuation):

|  |  |  |  |
| --- | --- | --- | --- |
| **Evacuation Site** | **Contact Name/Title** | **Phone/Pager** | **Location/Address** |
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**Identification of Alternate Site(s) for Services and Organizational Management**

The identification of potential alternate agency sites ensures there is an appropriate and viable alternative location for this agency to continue essential operations during an emergency/disaster – whether or not a full evacuation of all staff and clients is warranted.

The following are the identified alternate sites for this agency:

|  |  |  |  |
| --- | --- | --- | --- |
| **Alternate Site** | **Contact Name/Title** | **Phone/Pager** | **Location / Address** |
|  |  |  |  |
|  |  |  |  |
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**Community Partners (public and private)**

Since another facility can help you only if they are not also affected by the disaster, you should have MOUs with organizations both inside and outside of your community for local emergencies as well as disasters that affect the whole community (this should include evacuation outside of the District). A Memorandum of Understanding (MOU) is a document that you sign with another organization to agree to help each other when disasters occur. MOUs with organizations in your community are good for disasters that only affect one facility, such as a fire in your building. If you don't have any MOUs now, you should develop such arrangements.

Write below the MOUs you have with other organizations in which you agree to use your sites in case of evacuation (stipulate the disaster affects only one of you):

|  |  |  |  |
| --- | --- | --- | --- |
| **Community Partner** | **Contact Name/Title** | **Phone/Pager** | **Describe the use and capacity of the site (Attach MOU and/or procedures)** |
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**Transportation to Alternate Site(s)**

If an alternate site is needed for operations, the Disaster Coordinator will need to coordinate a plan for transportation depending on:

* Availability of staff to do the transporting.
* Availability of vehicles for the transporting.
* Distance and routes available for transporting.
* Parking availability at alternate site and ability of staff to get to alternate office site (site could be blocked off or otherwise inaccessible).
* Arrangements needed with other agencies (e.g. transportation company or county safety/access personnel).

The following plans and resources accommodate the transportation of our client populations:

|  |  |  |  |
| --- | --- | --- | --- |
| **Plan/Resource** | **Capacity (vans, cars, buses, etc.)** | **# transported and to what location** | **Contact information (name, phone, email, pager)** |
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**Identification and Prioritization of Vital Functions (from most critical to least)**

As stated earlier in this plan, this agency is responsible for \_\_\_\_\_\_\_\_\_\_\_\_\_ (from overview). This agency is organized into several functional areas of responsibility. They are (EXAMPLES):

* Customer Services;
* Administration and Governance;
* Human Resources;
* Call Center;
* Quality Management;
* Care Management;
* Residential Services;
* Client Records/Information Management;
* Business Management

**Essential Services:** List the things your agency normally does that must be continued during an emergency. This should be an exhaustive list addressing how you will use staff and other resources to make sure that your essential services continue.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Essential Function** | **Timeliness (urgency)** | **Staffing Required**  **/Responsible** | **Mission Critical Data** | **Infrastructure**  **/Equipment**  **/Systems Needed** | **Vital Records** | **Supporting Activities** |
| EX: Screening, triage and referral | Immediate | Clinicians and | Crisis Services | Telephone and computer | Client records | Can be done by paper and phone |
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What functional needs must you provide for your residents even in a disaster (e.g., meds, food, ventilators or oxygen, etc.)?

|  |  |  |  |
| --- | --- | --- | --- |
| **Functional Needs (defined by client population needs)** | **Description of Critical Need/Services** | **How is need served (include #s of supplies where appropriate)?** | **Party Responsible** |
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**Non-essential Services:** List the things your agency normally does that may not be important enough to continue during an emergency. This does not have to be an exhaustive list but it should address how you will use the staff and other resources that are normally assigned to these tasks to make sure that your essential services continue.

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| --- | --- | --- | --- |
| Non-Essential Services | Description of Non-Critical Services | How would resources be re-allocated to more critical needs? | Party Responsible |
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**Identification of Mutual Aid Agreements and Community Partnerships**

This area is covered in specific topical sections elsewhere in this plan but there may be additional ways in which partners will be of assistance to your organization and/or your clients and their families through Mutual Aid Agreements. Please list them here:

|  |  |  |  |
| --- | --- | --- | --- |
| **Community Partner** | **Contact Name/Title** | **Phone/Pager** | **Describe the use and capacity of the site (Attach MAA and/or MOU)** |
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**Establishing Contingencies, Polices and Legal Liabilities**

This agency maintains and annually reviews all business continuity and disaster planning policies and procedures. This includes:

* Determination of essential personnel during an emergency/disaster based on essential functions;
* Establishing lines of succession to essential positions and delegations of authority;
* Pre-designation of emergency authorities and other partners;
* Determination of how staff and others will be notified of operational changes and evacuation;
* Established policies to meet the staff health, family, psychological needs.

In the event that the Executive Director is physically absent and unable to contact, the following have the authority to act in his/her place by order of priority (EXAMPLES):

* Care Management Director;
* Medical Director;
* Quality Management Director;
* Residential Services Director;
* Customer Services Director;
* Information Management Director;
* Finance Officer

This agency ensures the following in order to minimize the liability of this agency in an emergency/disaster (EXAMPLES):

* Ensure that the professional liability insurance covers emergency/disaster situations.
* Ensure that all individuals, including staff and volunteers that serve in the community behavioral health response have been appropriately trained in disaster behavioral health.
* Specify in Memorandums of Understanding and/or Collaboration Letters with other partners what each party is liable for.
* Ensure there are written policies for any changes in services offered or clients served in the event of an emergency/disaster.
* Provide the Office of Accountability, Department of Behavioral Health, notification of evacuation or movement of clients.

**Replacement/Repair of Damaged/Destroyed Essential Equipment**

Considerations for replacing/repairing damaged/destroyed essential equipment include:

* Agreements with current vendors that may result in the replacement or repair of the equipment.
* How quickly equipment can be made available either through purchase or repair and how that fits the timeline for the agency.

|  |  |  |  |
| --- | --- | --- | --- |
| **Critical Equipment** | **Equipment Supplier /Repair Service** | **Phone/website** | **Cost and logistical considerations** |
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**Assessing, Testing and Evaluating COOP Plans**

This agency conducts an annual risk assessment, annual review of the Emergency and Disaster Plan and participates in annual drill exercises compliant with the Homeland Security Exercise and Evaluation Program (HSEEP). In addition, there is a bi-annual testing of continuity of operation. When risk areas are identified, strategies are developed.